

1 Case No.:

2 Department No.:

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6 **IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA,**  
7 **IN AND FOR THE COUNTY OF CHURCHILL**

8  
9 \_\_\_\_\_,

10 Plaintiff,

11 vs.

12 \_\_\_\_\_,

13 Defendant.

**GENERAL FINANCIAL DISCLOSURE**  
**FORM**

14 The judge uses this form to understand the financial position of the Plaintiff and the  
15 Defendant. You must fill this form out completely and truthfully.

16 **A. Personal Information:**

- 17 1. What is your full name? (first, middle, last) \_\_\_\_\_
- 18 2. How old are you? \_\_\_\_\_
- 19 3. What is your date of birth? \_\_\_\_\_
- 20 4. What is your occupation? \_\_\_\_\_
- 21 5. What is your highest level of education? \_\_\_\_\_

22 **B. Employment Information:** ( check one)

- 23 1. Are you currently employed?
- 24  No
- 25  Yes If yes, what is the name of your employer? \_\_\_\_\_
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Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (Shift times)

2. Are you disabled? ( check one)
- No
- Yes If yes, what is your level of disability? \_\_\_\_\_
- What agency certified you disabled? \_\_\_\_\_
- What is the nature of your disability? \_\_\_\_\_

3. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information
- Prior Employer: \_\_\_\_\_
- Date of Hire: \_\_\_\_\_
- Date of Termination: \_\_\_\_\_
- Reason for Leaving: \_\_\_\_\_

**C. Attorney Information:** Complete the following sentences:

1. An Attorney (*has/has not*) \_\_\_\_\_ been retained on my behalf for this case.
2. As of today, the attorney has been paid a total of \$ \_\_\_\_\_ on my behalf.
3. I have a credit with my attorney in the amount of \$ \_\_\_\_\_
4. I currently owe my attorney a total of \$ \_\_\_\_\_
5. I owe my prior attorney at total of \$ \_\_\_\_\_

**Section 1: Personal Income**

Before you can complete the next section you need to figure out your frequency. Your pay frequency is determined by the number of times you are paid each month.

Pay Frequency Table

1.00 = Paid one time per month

2.00 = Paid two times per month

2.17 = Paid every two weeks

4.00 = Paid every week

**A. Year-to-Date Income.**

As of the pay period ending \_\_\_\_\_

My Gross year to date pay is \_\_\_\_\_

**B. Fill in the line that applies to you. Only complete line 1 OR line 2.**

Line #	Income Question	Amount Earned		Number of Hours Worked Per Week		Pay Frequency (1.00, 2.00, 2.17, or 4.00)		Monthly Income
1	I am paid a hourly wage in the amount of	\$	X		X		=	
2	I am paid a base salary in the amount of	\$		N/A				

**C. File in the amount of money you receive each month for the following types of income:**

Line #	Income Question	Amount Received Monthly
3	Annuity or Trust Income	\$
4	I regularly work overtime and each month earn an average of	\$
5	I receive bonuses, commissions, or tips in the amount of	\$
6	I receive a car, gas, housing, or other allowance in the amount of	\$
7	I receive spousal support in the amount of	\$
8	I receive social security in the amount of	\$
9	I receive social security disability in the amount of	\$
10	I receive workman's compensation benefits in the amount of	\$
11	I receive unemployment benefits in the amount of	\$
12	I receive pension or retirement income in the amount of	\$
13	I receive net rental income in the amount of	\$
14	I receive income from other sources in the amount of	\$
15	Total Income Received (add lines 3-14)	\$

**D. Total monthly income from all sources:**

16	Total From Line 1 OR 2	\$
17	Total From Line 15	\$
18	Total Gross Monthly Income (add lines 16-17)	\$

**Section 2: Personal Deductions**

**A. Fill in the amount of money that is take out of every paycheck for each of the following deductions:**

Line #	Name of Deduction	Amount Deducted Monthly
19	Court Ordered Child Support is deducted from every paycheck in the amount of	\$
20	Federal Income Tax is deducted from every paycheck in the amount of	\$
21	Social Security Tax is deducted from every paycheck in the amount of	\$
22	Medicare is deducted from every paycheck in the amount of	\$
23	Union Dues are deducted from every paycheck in the amount of	\$
24	Health Insurance Cost is deducted from every paycheck in the amount of	\$
25	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	\$
26	Federal health Savings Plan contribution is deducted from every paycheck in the amount of	\$
27	Retirement, pension, IRA or 401(k) contributions are deducted from every paycheck in the amount of	\$
28	Savings are deducted from every paycheck in the amount of	\$
29	Other:	\$
30	Other:	\$
31	<b>Total Monthly Deductions (add lines 19-30)</b>	\$

**Section 3: Income Summary**

Line #		
32	Total from Line 18	\$
33	Total from Line 31	\$
	Net Monthly Income ( <b>subtract</b> line 33 from line 32)	\$

**Section 4: Business/Self-Employment Income & Expense Schedule**

A. What is your average gross monthly income/revenue from self-employment of business?  
 \$\_\_\_\_\_.

**B. Business Expenses: Attach an additional page if needed.**

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fess			
Business Entertainment/Travel			
Insurance			
Legal and Professional			
Mortgage or Rent			
Other: (type of expense)			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and Licenses			
Utilities			

**Section 5: Child Information**

**A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship?**

Child's Name	Child's Date of Birth	Whom is child living with? (Mom, Dad, or Both)	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				

**B. Fill in the table below with the amount of money you spend each month on the following expenses for the children.**

	Children's Expenses	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	5 <sup>th</sup> Child
1	Child Care	\$	\$	\$	\$	\$
2	Clothes, Shoes and Accessories	\$	\$	\$	\$	\$
3	Unreimbursed Medical Expenses	\$	\$	\$	\$	\$
4	Telephone and Internet	\$	\$	\$	\$	\$
5	Entertainment	\$	\$	\$	\$	\$
6	Food	\$	\$	\$	\$	\$
7	Insurance (other than health)	\$	\$	\$	\$	\$
8	Education Related Expenses	\$	\$	\$	\$	\$
9	Summer Camp/Programs	\$	\$	\$	\$	\$
10	Vehicle	\$	\$	\$	\$	\$
11	Transportation Cost for Visitation	\$	\$	\$	\$	\$
12	Total Monthly Expenses for Children (add lines 1-10)	\$	\$	\$	\$	\$

**C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.**

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

**Section 6: Personal Expenses:** Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount of Expense	For Me	For the Other Party	For Both
Home				
Mortgage/Rent/Lease	\$			
Property Taxes	\$			
HOA	\$			
Home Owner's Insurance	\$			
Lawn Care	\$			
Pest Control	\$			
Pool Service	\$			
Security	\$			
Other	\$			
Utilities				
Water	\$			
Electric	\$			
Gas	\$			
Sewer	\$			
Home Phone	\$			
Internet/Cable	\$			
Other	\$			
Medical				
Health Insurance	\$			
Unreimbursed Medical Expenses	\$			
Other	\$			
Transportation				



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Car Loan/Lease Payment	\$			
Fuel	\$			
Auto Insurance	\$			
Other	\$			
Personal				
Food (groceries and restaurants)	\$			
Pets	\$			
Cell Phone	\$			
Membership Fees	\$			
Clothing, Shoes, etc...	\$			
Dry Cleaning	\$			
Other	\$			
Debts				
Credit Card Payments	\$			
Child Support	\$			
Alimony/Spousal Support	\$			
Student Loans	\$			
Other	\$			
Total Monthly Expenses	\$			

**Section 7: Asset and Debt Chart**

A. Complete the chart below by listing all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (You, the Other Party, or Both)

Line#	Description of Asset or Debt	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? (Me, the Other Party or Both)
1		\$	-	\$	=	\$	
2		\$	-	\$	=	\$	
3		\$	-	\$	=	\$	
4		\$	-	\$	=	\$	
5		\$	-	\$	=	\$	
6		\$	-	\$	=	\$	
7		\$	-	\$	=	\$	
8		\$	-	\$	=	\$	
9		\$	-	\$	=	\$	
10		\$	-	\$	=	\$	
11		\$	-	\$	=	\$	
12		\$	-	\$	=	\$	
13		\$	-	\$	=	\$	
14		\$	-	\$	=	\$	
15		\$	-	\$	=	\$	
16		\$	-	\$	=	\$	
17		\$	-	\$	=	\$	
18		\$	-	\$	=	\$	
19		\$	-	\$	=	\$	
20		\$	-	\$	=	\$	
Total Value of Assets (add lines 1-20)		\$	-	\$	=	\$	

B. Complete this Chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
Total Unsecured Debt (add lines 1-5)		\$	

IMPORTANT: Read the following paragraph carefully.

I am the ( *check one*)  Plaintiff  Defendant in the above action. I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements, I may be subject to punishment, including contempt of court.

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Date*